Cervical Cancer Screening: 25 to 65 Years of Age

INDICATIONS FOR TESTING
Individual 25-65 yrs of age with a cervix
Average risk

ORDER
Primary HPV testing, preferably with reflex to cytology (every 5 yrs)
OR
Cotesting (every 5 yrs)
OR
Cytology (every 3 yrs)

No abnormalities

Abnormal results

Unsatisfactory cytology results

Determine immediate CIN3+ risk according to the Risk Estimates Supporting the 2018 ASCCP Risk-Based Management Consensus Guidelines

Manage or follow up in 1, 3, or 5 yrs according to the 2019 ASCCP Guidelines

Abbreviations
ASCCP American Society for Colposcopy and Cervical Pathology
CIN3+ Cervical squamous intraepithelial neoplasia grade 3 or more severe
HPV Human papillomavirus

References

aRecommendations from some organizations differ for individuals 25-29 yrs of age; refer to the Screening Guidelines for Individuals With a Cervix section in the ARUP Consult Human Papillomavirus topic.

bAverage risk: no previous abnormalities, not immunocompromised (eg, with HIV, undergoing solid organ or stem cell transplantation, receiving immunosuppressive treatment), and no in utero exposure to diethylstilbestrol.

cFollow-up via high-risk HPV testing or cotesting is recommended. Cytology may be used at shorter intervals if other testing is not possible. Cytology should be performed annually if other testing is recommended every 3 yrs, and cytology should be performed every 6 mos if other testing is recommended annually.